Office of the Chief Medical Examiner

Description	FY 2002 Approved	FY 2003 Proposed	% Change	
Operating Budget	6,811,534	6,533,524	-4.0	

The mission of the Office of the Chief Medical Examiner (OCME) is to investigate and certify all deaths in the District of Columbia that occur by means of violence and those that occur unexpectedly, without medical attention, in custody, or that pose a threat to public health.

The agency annually investigates approximately 4,000 deaths and performs approximately 1,400 autopsies and 400 external examinations. In FY 2003 OCME plans to fulfill its mission by achieving the following strategic goals:

- Automate agency operations
- Eliminate toxicology backlog
- Establish a full capacity histology laboratory and eliminate backlog
- Increase staffing in 24-hour units
- Regain certification as a fellowship training program
- Achieve National Association of Medical Examiners (NAME) accreditation
- Issue new regulations including a revised fee schedule.

Did you know	2001
Autopsies performed	1,433
Scene investigations	455
Non-scene investigations	3,477

Where the Money Comes From

Table FX0-1 shows the source(s) of funding for the Office of the Chief Medical Examiner.

Table FX0-1

FY 2003 Proposed Operating Budget, by Revenue Type

(dollars in thousands)

	Actual FY 2000	Actual FY 2001	Approved FY 2002	Proposed FY 2003	Change From FY 2002
Local	0	4,305	6,709	6,432	-277
Other	0	106	103	101	-1
Intra-District	0	46	0	0	0
Gross Funds	0	4,457	6,812	6,534	-278

How the Money is Allocated

Tables FX0-2 and 3 show the FY 2003 proposed budget and FTEs for the agency at the Comptroller Source Group level (Object Class level).

Table FX0-2

FY 2003 Proposed Operating Budget, by Comptroller Source Group

(dollars in thousands)

	Actual FY 2000	Actual FY 2001	Approved FY 2002	Proposed FY 2003	Change from FY 2002
Regular Pay - Cont Full Time	0	1,719	2,599	2,397	-202
Regular Pay - Other	0	626	769	1,429	660
Additional Gross Pay	0	374	323	323	1
Fringe Benefits - Curr Personnel	0	413	633	625	-7
Personal Services	0	3,132	4,323	4,774	451
Supplies And Materials	0	291	696	442	-254
Energy, Comm. And Bldg Rentals	0	0	0	0	0
Telephone, Telegraph, Telegram, Etc	0	22	17	107	90
Rentals - Land And Structures	0	0	0	94	94
Security Services	0	0	184	190	6
Other Services And Charges	0	346	867	262	-605
Contractual Services - Other	0	341	485	485	0
Equipment & Equipment Rental	0	324	239	180	-59
Non-personal Services	0	1,324	2,488	1,760	-729
Total Proposed Operating Budget	0	4,457	6,812	6,534	-278

Table FX0-3

FY 2003 Full-Time Equivalent Employment Levels

	Actual FY 2000	Actual FY 2001	Approved FY 2002	Proposed FY 2003	Change from FY 2002
Continuing full time	0	4	54	63	9
Term full time	0	10.5	13	13	0
Total FTEs	0	14.5	67	76	9

Local Funds

The proposed Local budget is \$6,432,307, a net decrease of \$276,573, or 4.1 percent, from the FY 2002 approved budget level of \$6,708,880. This decrease includes an increase of \$456,071 in personal services, and a decrease of \$732,644 in nonpersonal services. There are 74 FTEs supported by Local sources, which represents an increase of nine FTEs from the FY 2002 level. The increase in FTEs is associated with three Mayoral enhancements for medicolegal, histology staff and maintenance staff.

Significant changes are:

- A net decrease of \$202,442 in regular pay because of a realignment of personnel from continuing full-time to term positions. This reduction includes an increase of \$329,246 associated with Mayoral enhancements for additional medicolegal, histology and maintenance staff.
- An increase of \$662,241 in regular pay Other because of both an adjustment of
 FTEs from continuing full-time to term
 positions and an additional \$41,577 associated with Mayoral enhancements.
- A net decrease of \$3,728 in additional gross pay and fringe benefits because of both a decrease of \$499 associated with a recalculation of benefits based on FY 2000 and FY 2001 actual expenditures and an increase of \$4,177 additional gross pay associated with the Mayoral enhancements.
- A decrease of \$258,000 in supplies because of funding from other available sources.
- A net increase of \$189,450 in fixed costs.
 This increase is associated with a reassessment

of the agency's actual fixed costs. OCME was established as a separate agency in FY 2001. Actual expenditures in fixed costs could not be determined for FY 2002 for this newly established agency. As a result, fixed costs were based on estimates. The FY 2003 budget for fixed costs reflects actual FY 2001 expenditures.

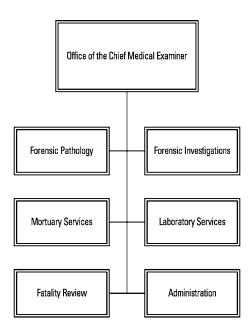
- A decrease of \$605,000 in other services and charges due to both the absence of a \$575,000 one-time Federal payment for laboratory backlog, and a reduction of \$30,000 associated with cost-saving initiatives.
- A decrease of \$59,094 in equipment due to both a reduction of \$31,184 associated with cost-savings initiatives and a reduction of \$27,910 in apparatus due to funding from other available sources. In FY 2003 the agency will receive funding to help execute emergency preparedness related activities.

Other Funds

The proposed Other Funds budget is \$101,217, a decrease of \$1,437, or 1.4 percent, from the FY 2002 approved budget level of \$102,654. Of this amount, a decrease of \$5,352 is for personal services, and an increase of \$3,915 is for nonpersonal services. This fund is comprised of fees collected for body storage, autopsy reports and reproduction of slides, photographs and other information. There are two FTEs funded by Other Funds, which represents no change from FY 2002.

Figure FX0-1

Office of the Chief Medical Examiner



Programs

The Office of the Chief Medical Examiner performs its mission of investigating and certifying deaths in the District of Columbia through the following programs:

Forensic Pathology

This program consists of forensic pathologists who perform autopsies, certify deaths, conduct scene investigations, provide court testimony, interact with decedents' families and provide training to students, graduate medical trainees and police personnel.

The key initiative associated with the Forensic Pathology program is:

Eliminating autopsy backlog.

Forensic Investigations

This program includes medicolegal investigators, forensic photographers and intake assistants. Medicolegal investigators are licensed physician assistants with extensive trauma experience. They respond to death scenes to perform preliminary examination of bodies; take scene photographs; interview witnesses; identify items of evidentiary value and coordinate with the

Metropolitan Police Department (MPD) to secure evidentiary material. They also facilitate the identification of decedents by obtaining medical and social histories, medical and dental records, fingerprint records and radiographs (X-ray films). Forensic photographers document autopsies and death scenes. Intake assistants receive initial reports of death, dispatch staff to scene, prepare death certificates and assist families in identifications.

The key initiatives associated with the Forensic Investigations program are:

- Establishing a computerized property and evidence tracking system.
- Converting 35mm and instant photographs to digital images.

Mortuary Services

This program consists of autopsy assistants who remove and transport bodies from places of death to the Office of the Chief Medical Examiner, document and store bodies and personal property, take X-rays, assist in autopsies and release decedents to funeral homes.

The key initiatives associated with the Mortuary Services program are:

- Implementing a bar-coding system for decedent tracking
- Implementing a grief response training program for autopsy assistants.

Laboratory Services

This program performs preparation and analysis of body fluids and tissue as a required component of the death investigation process. The histology laboratory prepares tissue samples taken during the autopsy for microscopic examination, and ensures the proper storage of tissue samples. Toxicology analyzes samples for foreign substances such as drugs or poisons, and is an integral part of the autopsy and death certification process.

The OCME toxicology laboratory was closed in 1996, and toxicology services have been provided under various contractual arrangements since that time. Renovations to the OCME toxicology laboratory will be completed in FY 2002; the laboratory will be fully operational in FY 2003.

The key initiatives associated with the Laboratory Services program are:

- Implementing an in-house quality assurance/quality control program.
- Developing toxicology standard operating procedure manuals.

Fatality Review

This program performs systematic review of defined categories of deaths by multidisciplinary panels. There are two committees, the Child Fatality Review and Mental Retardation and Developmental Disability Administration (MRDDA) Fatality Review, which function under statute, Mayoral and Federal court orders. Fatality Review Committees assess service delivery to and government supervision of vulnerable citizens. The recommendations of both fatality review committees result in improvements in services to citizens, and efficiency savings across the government.

The key initiatives associated with the Fatality Review program are:

- Creating MRDDA protocols and release first annual report.
- Consolidating committee recommendations to clearly communicate service improvement priorities.

Administration

This program develops and coordinates the agency's strategy for allocating its resources to achieve its mission. In addition to performing budget, purchasing and procurement, human resource management and information technology activities, the program provides support services including legal counsel, medical records, facility maintenance and motor vehicle fleet management.

The key initiatives associated with the Administration program are:

- Improving inventory tracking.
- Improving correspondence tracking.

Capital Improvements Plan

As part of the District-wide cost savings initiative for FY 2002, the Office of the Chief Medical Examiner's total budget authority was reduced by \$68,500,000 from \$75,000,000 to \$6,655,000 (Refer to Capital Improvements Plans, Appendix E).

In FY 2003, there is no new proposed capital funding for OCME. However, based on the FY 2002 financial plan, the agency will receive \$6,655,000 in previously approved authority in FY 2002. This funding will support the design and project-management of a forensic lab that meets all applicable national standards. The lab will serve as a full service crime lab, medical examiner/morgue facility, and public health lab.

The program also includes funding for the design and implementation of a server-based LAN that is capable of supporting the agency's new electronic death investigation case information management system (SKELTRACK).

Agency Goals and Performance Measures

Goal 1: Improve the death investigation/certification process to provide timely autopsy results to decedent's families and ensure the integrity of evidence for court proceedings.

Citywide Strategic Priority Area: Making Government Work Manager: Jacqueline A. Lee, MD, Deputy Chief

Medical Examiner

Supervisor: Jonathan L. Arden, MD, Chief Medical Examiner

Measure 1.1: Percent of bodies with positive identification ready for release within 24 hours

	Fiscal Year				
	2000	2001	2002	2003	2004
Target	80	90	95	95	95
Actual	N/A	90	-	-	-

Table FX0-2				
Capital	Improvement	Plan,	FY 2001	-FY 2008

(dollars in thousands)						FUNDING S	CHEDIJI E				
Cost Elements	Through FY 2001	Budgeted FY 2002	Total	Year 1 FY 2003	Year 2 FY 2004	Year 3 FY 2005	Year 4 FY 2006	Year 5 FY 2007	Year 6 FY 2008	6 Years Budget	Total Budget
a. Long Term Financing:	0	6,500	6,500	0	0	0	0	0	0	0	6,500
b. Local Street Fund:	0	0	0	0	0	0	0	0	0	0	0
c. Grants:	0	0	0	0	0	0	0	0	0	0	0
d. Pay Go:	0	0	0	0	0	0	0	0	0	0	0
e. Hwy Trust Fund:	0	0	0	0	0	0	0	0	0	0	0
f. Equipment Lease	0	0	0	0	0	0	0	0	0	0	0
g. Alternative Financing	0	155	155	0	0	0	0	0	0	0	155
h. Other:	0	0	0	0	0	0	0	0	0	0	0
Total:	0	6,655	6,655	0	0	0	0	0	0	0	6,655
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a. Design:	0	5,958	5,958	0	0	0	0	0	0	0	5,958
b. Site:	0	0	0	0	0	0	0	0	0	0	0
c. Project Management:	0	542	542	0	0	0	0	0	0	0	542
d. Construction:	0	0	0	0	0	0	0	0	0	0	0
e. Equipment:	0	155	155	0	0	0	0	0	0	0	155
Total:	0	6,655	6,655	0	0	0	0	0	0	0	6,655

Measure 1.2: Percent of autopsy reports with toxicology reports only, completed within 10 weeks

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	2000	2001	2002	2003	2004	
Target	N/A	N/A	N/A	50	95	
Actual	N/A	N/A	-	-	-	

Note: Goal title revised at request of agency (2/24/02). Old title was: "Completion of autopsies with toxicology results (weeks)." OCME notes that this measure depends on completion and operation of toxicology laboratory, as well as resources and time for backlog reduction.

Measure 1.3: Percent of autopsy reports with toxicology report and ancillary reports, completed within 16 weeks

		Fiscal Year					
	2000	2001	2002	2003	2004		
Target	N/A	N/A	N/A	50	95		
Actual	N/A	N/A	-	-	-		

Note: Goal title revised at request of agency (2/24/02). Old title was: "Completion of autopsies with toxicology results and ancillary reports (weeks)." OCME notes that this measure depends on completion and operation of toxicology laboratory, as well as resources and time for backlog reduction.

Goal 2: Establish an internal toxicology laboratory to provide timely, accurate and comprehensive toxicology services for the Office of the Chief Medical Examiner.

Citywide Strategic Priority Area: Making Government Work

Manager: Jonathan L. Arden, MD, Chief Medical Examiner

Supervisor: Margret Nedelkoff Kellems, Deputy Mayor for Public Safety and Justice

Measure 2.1: Start an in-house Toxicology Lab in June 2002 (one time goal)

	Fiscal Year					
	2000	2001	2002	2003	2004	
Target	N/A	N/A	1	N/A	N/A	
Actual	N/A	N/A	-	-	_	

Note: New measure added 2/24/02. FY02 target is: "Lab functioning."

Measure 2.2: Percent of in-house toxicology tests completed within 30 days beginning in June 2002

-	Fiscal Year						
	2000	2001	2002	2003	2004		
Target	N/A	N/A	75	95	95		
Actual	N/A	N/A	-	-	-		

Note: This measure depends on the completion and operation of the toxicology laboratory, which will occur during FY02; the goal to begin inhouse testing is June 2002.

Goal 3: Recruit, hire, train, and maintain sufficient staff to carry out the core responsibilities of the Office of the Chief Medical Examiner. Reduce overtime use.

Citywide Strategic Priority Area: Making Government Work

Manager: Beverly S. Hill, Deputy for Administration

Supervisor: Jonathan L. Arden, MD, Chief Medical Examiner

Measure 3.1: Percent of funded positions filled

	Fiscal Year					
	2000	2001	2002	2003	2004	
Target	N/A	85	95	95	95	
Actual	N/A	85	-	-	-	

Measure 3.2: Percent reduction in overtime hours over prior year

	Fiscal Year					
	2000	2001	2002	2003	2004	
Target	N/A	20	20	20	20	
Actual	N/A	49	-	-	-	

Note: OCME states that reporting of this measure will begin in FY 2002.